## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update Annual Plan for Fiscal Year: 2002

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

## PHA Plan Agency Identification

PHA Name: Bryson Housing Authority				
PHA Number: TX099				
PHA Fiscal Year Beginning: (mm/yyyy) 07/2001				
PHA Plan Contact Information: Name: Susan Coley Phone: (940) 392-2075 TDD: (940) 392-2075 Email (if available): brysonha@wf.net				
Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)  X Main administrative office of the PHA  PHA development management offices				
Display Locations For PHA Plans and Supporting Documents				
The PHA Plans (including attachments) are available for public inspection at: (select all that apply)				
Main administrative office of the PHA  PHA development management offices  Main administrative office of the local, county or State government  Public library  PHA website  Other (list below)				
PHA Plan Supporting Documents are available for inspection at: (select all that apply)  X Main business office of the PHA  PHA development management offices  Other (list below)				
PHA Programs Administered:				
Public Housing and Section 8  Section 8 Only X Public Housing Only				

## **Annual PHA Plan** Fiscal Year 20

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents		Page#				
Annual Plan						
i. Executive Summary (optional)	1					
ii. Annual Plan Information	1					
iii. Table of Contents						
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2					
2. Capital Improvement Needs	2					
3. Demolition and Disposition	2					
4. Homeownership: Voucher Homeownership Program	2 2 3 3					
5. Crime and Safety: PHDEP Plan	3					
6. Other Information:						
A. Resident Advisory Board Consultation Process	4					
B. Statement of Consistency with Consolidated Plan	4					
C. Criteria for Substantial Deviations and Significant Amendments						
Attachments						
X Attachment A : Supporting Documents Available for Review						
X Attachment _1_: Capital Fund Program Annual Statement						
X Attachment _2 : Capital Fund Program 5 Year Action Plan						
Attachment: Capital Fund Program Replacement Housing Factor Annua	l Statement					
Attachment: Capital Fund Program Replacement Housing Factor Annua Attachment: PublicHousing Drug Elimination Program (PHDEP) Plan						
Attachment _3_: Resident Membership on PHA Board or Governing Body						
Attachment _3_: Membership of Resident Advisory Board or Boards						
Attachment: Comments of Resident Advisory Board or Boards & Explanation of PHA						
Response (must be attached if not included in PHA Plan text)						
Other (List below, providing each attachment name) 5 year plan progress statement						
ii. Executive Summary						
[24 CFR Part 903.7 9 (r)]						
At PHA option, provide a brief overview of the information in the Annual Plan						

PHA wil continue work on 5-year plan.

## 1. Summary of Policy or Program Changes for the Upcoming Year

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

## There are no changes for program from last year.

2. Capital Improvement Needs  [24 CFR Part 903.7 9 (g)]  Exemptions: Section 8 only PHAs are not required to complete this component.							
Exemptions. Section 6 of	ny 1 11743 are not required to complete unis component.						
A. X Yes No: Is	A. X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?						
B. What is the amou upcoming year? \$ 27.	nt of the PHA's estimated or actual (if known) Capital Fund Program grant for the 541.00						
C. X Yes No yes, complete the rest	C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.						
D. Capital Fund Pros	gram Grant Submissions						
	Fund Program 5-Year Action Plan						
	und Program 5-Year Action Plan is provided as Attachment 2						
_							
(2) Capital H	Fund Program Annual Statement						
The Capital F	und Program Annual Statement is provided as Attachment 3						
3. Demolition an							
[24 CFR Part 903.7 9 (h)]	only PHAs are not required to complete this section.						
Applicability. Section 8	only 1 11As are not required to complete this section.						
1. Yes X No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to						
	section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year?						
	(If "No", skip to next component; if "yes", complete one activity description for each						
	development.)						
2. Activity Description	on -						
	Demolition/Disposition Activity Description						
(Not including A	Activities Associated with HOPE VI or Conversion Activities)						
1a. Development nan							
1b. Development (pro	oject) number:						
2. Activity type: Demolition							
Dispo							
3. Application status	(select one)						

Approved					
Submitted, pending approval					
Planned application					
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)					
5. Number of units affected:					
6. Coverage of action (select one)					
Part of the development					
☐ Total development					
7. Relocation resources (select all that apply)					
Section 8 for units					
Public housing for units					
Preference for admission to other public housing or section 8					
Other housing for units (describe below)					
8. Timeline for activity:					
a. Actual or projected start date of activity:					
b. Actual or projected start date of relocation activities:					
c. Projected end date of activity:					
± ÿ					
5. Safety and Crime Prevention: PHDEP Plan					
[24 CFR Part 903.7 (m)]					

Small PHA Plan Update Page 3

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan

meeting specified requirements prior to receipt of PHDEP funds.

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

A. Yes Plan?	X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA			
B. What is th	e amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$			
C. Yes 2 question D. I	K No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer f no, skip to next component.			
D. Yes[	No: The PHDEP Plan is attached at Attachment			
<b>6. Other I</b> [24 CFR Part 90	nformation 3.7 9 (r)]			
A. Resident	Advisory Board (RAB) Recommendations and PHA Response			
1. X Yes	No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?			
2. If yes, the	comments are Attached at Attachment (File name) 3			
3. In what ma	Inner did the PHA address those comments? (select all that apply)  The PHA changed portions of the PHA Plan in response to comments  A list of these changes is included  Yes No: below or  Yes No: at the end of the RAB Comments in Attachment  Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment			
X	Other: (list below) Comments were consistent with 5-year plan.			
	t of Consistency with the Consolidated Plan ble Consolidated Plan, make the following statement (copy questions as many times as necessary).			
	ted Plan jurisdiction: (provide name here) State of Texas			
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)				
X	The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.			
	The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.			
	C II DILA DI LI LA D			

	X	The PHA has consulted with the Consolidated Plan agency during the development of this PHA
		Plan.
	X	Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives
		contained in the Consolidated Plan. (list such initiatives below)
		Other: (list below)
3.	PHA Requ	uests for support from the Consolidated Plan Agency
	Yes X No	o: Does the PHA request financial or other support from the State or local government agency in
	-	order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most
		important requests below:
		important requests below.

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidated Plan supports the PHA Plan with the following actions and commitments.

- a. Promote adequate affordable housing
- b. Promote economic opportunity
- c. Promote a suitable living environment without discrimination.

#### B. Criteria for Substantial Deviation and Significant Amendments

- a. Substantial deviation from the 5-year plan:
- Any change to the Mission Statement such as:
  - 50% deletion from or addition to the goals and objectives as a whole or
  - 50% or more decrease in the quantifiable measurement of any individual goal or objective.
- b. Significant deviation or modification to the Annual Plan:
  - 50% percent variance in the funds projected in the Capital Fund Program Annual Statement
  - Any increase of decrease over 50% in the funds projected in the financial resource statement and/or the Capital Fund Program Annual Statement.
  - Any change in a policy or procedure that requires a regulatory 30-day posting.
  - Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs.
  - Any change inconsistent with the local, approved Consolidated Plan,.

#### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

#### No deviations

#### C. Significant Amendment or Modification to the Annual Plan:

No amendments or modifications

## <u>Attachment\_A\_</u> Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
Yes	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans			
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans			
Yes	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans			
Yes	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs			
Yes	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources			
Yes	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies			
N/A	Any policy governing occupancy of Police Officers in Public Housing  check here if included in the public housing  A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies			
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies			
Yes	Public housing rent determination policies, including the method for setting public housing flat rents  check here if included in the public housing A & O Policy	Annual Plan: Rent Determination			
Yes	Schedule of flat rents offered at each public housing development  X check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination			

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

List of Supporting Documents Available for Review					
Applicable &	Supporting Document	Related Plan Component			
On Display N/A	Section 8 rent determination (payment standard) policies	Annual Plan: Rent			
1771	check here if included in Section 8 Administrative	Determination Determination			
Yes	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance			
Yes	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations			
Yes	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency			
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations			
N/A	Any required policies governing any Section 8 special housing types  check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance			
Yes	Public housing grievance procedures  X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures			
N/A	Section 8 informal review and hearing procedures  check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures			
Yes	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs			
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs			
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs			
Yes	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs			
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition			
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing			
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing			

List of Supporting Documents Available for Review					
Applicable &	Supporting Document	Related Plan Component			
On Display N/A	Approved or submitted public housing homeownership	Annual Plan:			
IN/A	programs/plans	Homeownership			
N/A	Policies governing any Section 8 Homeownership program	Annual Plan:			
11/11	(sectionof the Section 8 Administrative Plan)	Homeownership			
N/A	Cooperation agreement between the PHA and the TANF agency	Annual Plan:			
	and between the PHA and local employment and training service	Community Service &			
	agencies	Self-Sufficiency			
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan:			
		Community Service &			
		Self-Sufficiency			
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan:			
		Community Service &			
> T / A	M 10 CC (FD /GC TOD DOGG .1	Self-Sufficiency			
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other	Annual Plan:			
	resident services grant) grant program reports	Community Service &			
N/A	The most recent Dublic Housing Days Elimination Days grown	Self-Sufficiency Annual Plan: Safety			
IN/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	and Crime Prevention			
N/A	PHDEP-related documentation:	Annual Plan: Safety			
IN/A	Baseline law enforcement services for public housing	and Crime Prevention			
	developments assisted under the PHDEP plan;	and Crime Trevention			
	Consortium agreement/s between the PHAs participating				
	in the consortium and a copy of the payment agreement				
	between the consortium and HUD (applicable only to				
	PHAs participating in a consortium as specified under 24				
	CFR 761.15);				
	Partnership agreements (indicating specific leveraged				
	support) with agencies/organizations providing funding,				
	services or other in-kind resources for PHDEP-funded				
	activities;				
	· Coordination with other law enforcement efforts;				
	• Written agreement(s) with local law enforcement agencies				
	(receiving any PHDEP funds); and				
	· All crime statistics and other relevant data (including Part				
	I and specified Part II crimes) that establish need for the				
Vac	public housing sites assisted under the PHDEP Plan.	Det Dell'ess			
Yes	Policy on Ownership of Pets in Public Housing Family	Pet Policy			
	Developments (as required by regulation at 24 CFR Part 960, Subpart G)				
Yes	X check here if included in the public housing A & O Policy  The results of the most recent fiscal year audit of the PHA	Annual Dlane Amoust			
1 68	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937	Annual Plan: Annual Audit			
(42 U. S.C. 1437c(h)), the results of that audit and the PHA's					
	response to any findings				
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs			
N/A	Other supporting documents (optional)	(specify as needed)			
- 1/ - 2	(list individually; use as many lines as necessary)	(Specify as needed)			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Bryson Housing Authority		Grant Type and Number  Capital Fund Program: TX21P09950101  Capital Fund Program  Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
_	ginal Annual Statement formance and Evaluation Report for Period Ending:	Reserve for D		vised Annual Statement (re	vision no:
Line Summary by Development Account No.		Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				•
2	1406 Operations				
3	1408 Management Improvements	4500.00			
4	1410 Administration	4800.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	17341.00			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	900.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	27541.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance			_	
23	Amount of line 20 Related to Security	0	0	0	0

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA Name: Bryson Housing Authority		Grant Type and Number			Federal FY of Grant:		
		Capital Fund Program: TX21P09950101			2001		
		Capital Fund Program					
		Replacement Housing Factor Grant No:					
Ori	Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )						
Per	Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Ac	<b>Total Actual Cost</b>		
No.							
24	Amount of line 20 Related to Energy Conservation	0	0	0	0		
	Measures						
	<u> </u>						

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

**Part II: Supporting Pages** 

PHA Name: Bryson	n Housing Authority	Grant Type and Nu		Federal FY of Grant:				
•	•	Capital Fund Progr		2001				
		Capital Fund Progr	am					
			Housing Factor #					
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estin	mated Cost	Total Ac	Status of Proposed	
Name/HA-Wide	C			Original	Revised	Funds	Funds	Work
Activities				2 - 3 - 3 - 3		Obligated	Expended	,, , , , , , , , , , , , , , , , , , , ,
PHA wide	Computer upgrades – management improvements	1408		4500.00				
	Administration	1410		4800.00				
	Mail Center	1450		3000.00				
	Sidewalks	1450		14341.00				
	Garden tiller	1475		900.00				

<b>Annual Statement</b>	Annual Statement/Performance and Evaluation Report									
Capital Fund Pro	gram and	Capital F	und Prog	gram Replac	ement Hous	ing Factor	c (CFP/CFPRHF)			
Part III: Impleme	entation S	chedule		_						
PHA Name: Bryson Hous	ing Authority			nber TX21P099	50101	Federal FY of Grant:				
		Capit Capit	al Fund Progra al Fund Progra	.m #: .m Replacement Hot	using Factor #:		2001			
Development Number		Fund Obligat	ed	A	ll Funds Expended		Reasons for Revised Target Dates			
Name/HA-Wide Activities	(Qu	art Ending Da	nte)	(Q	uarter Ending Date	e)				
	Original	Revised	Actual	Original	Revised	Actual				
PHA wide	9/30/03			9/30/04						

## **Capital Fund Program 5-Year Action Plan**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	CFP 5-Year Action Plan		
X Original statem			
Development	Development Name		
Number	(or indicate PHA wide)		
	PHA wide		
Tx099			
Description of Nee	ded Physical Improvements or Management	<b>Estimated Cost</b>	Planned Start Date
Improvements			(HA Fiscal Year)
Metal Roofs		26995.00	2002
Complete Metal Ro	oofs	26995.00	2003
Storage buildings		26995.00	2004
Remaining repairs	/improvements to sidewalks, repairs to floors	26995.00	2005
Total estimated cos	st over next 5 years	\$134975.00	

## **PHA Public Housing Drug Elimination Program Plan**

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices. **Section 1: General Information/History** A. Amount of PHDEP Grant \$ B. Eligibility type (Indicate with an "x") N1 N2 R C. FFY in which funding is requested D. Executive Summary of Annual PHDEP Plan In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long E. Target Areas Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC. **Total Population to PHDEP Target Areas Total # of Units within** (Name of development(s) or site) the PHDEP Target be Served within Area(s) the PHDEP Target Area(s) F. Duration of Program Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months 18 Months 24 Months

#### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

## **Section 2: PHDEP Plan Goals and Budget**

#### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B.** PHDEP Budget Summary
Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Su	mmary
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

#### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$				
Goal(s)						
Objectives						

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.	212112					20000)	
2.							
3.							

9115 - Special Initiative						Total PHDEP Funding: \$			
Goal(s)									
Objectives									
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators		
1.									
2.									
3.									

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2.								
3.								

9120 - Security Personnel					Total PHDEP Funding: \$			
Goal(s)					1			
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2.								
3.								

9130 – Employment of Investigators					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2.								
3.								

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$			
Goal(s)								
Objectives								
Proposed Activities	# of Persons	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
	Served			Date				
1.								
2.								
3.								

9150 - Physical Improvements					Total PHDEP I	Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Performance Indicators
	Persons	Population	Date	Complete	Funding	(Amount /Source)	
	Served			Date			
1.							
2.							
3.							

9160 - Drug Prevention						P Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.				
2.				
3.				

9170 - Drug Intervention					Total PHDEP l	Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEI	P Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP	Funds: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment3_: Resident Member on the PHA Governing Board
1. X Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
A. Name of resident member(s) on the governing board: Geneva Bryant
B. How was the resident board member selected: (select one)?  Elected X Appointed
C. The term of appointment is (include the date term expires): 2004
<ul> <li>2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?  the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  Other (explain):</li> </ul>
B. Date of next term expiration of a governing board member: 2002
C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):  Kenneth Boland, mayor of Bryson

# Required Attachment \_\_3\_\_\_: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Geneva Bryant	
Norma Vance	
Brandi Lovern	
Bob Pebsworth	
Revena Pippin	

## Required Attachment \_\_4\_\_\_: Five-Year Plan Progress Statement

Bryson Housing Authority completed the work to add air conditioner units to each of the 14 apartments.

BHA intends to work on sidewalks with the coming year funds to eliminate deductions from annual inspection. Also, sidewalks will link handicap units to community room. The 1993 CIAP left several sidewalks incomplete. Originally, roofs were to be done this year, but residents and executive director felt sidewalks were a more pressing need. We will do as much of the sidewalk repairs as funding permits. We will complete the work in subsequent years. Management improvements include upgrading computer and office equipment to handle influx of additional paperwork required by HUD.

One of our 5-year plan goals is to reduce vacancies. We have spent money to renovate apartment #10, which turns over more than any other unit. We have also advertised the unit through the local senior centers and have several people on the wait list.

We have addressed resident needs with timely repairs on units. Most residents do not let us know when their unit needs repairs. We are spending time each week checking with residents to see if there are repairs and working to resolve those issues.

In the past year we have offered units to those who do not have low incomes. There is a good mix of incomes now and we will continue that effort. We have designated the housing authority elderly and disabled. This allows us to better meet the needs of a specific group of residents. We have had families with a disabled member be housed in Bryson. The elderly residents do enjoy the younger residents and to date we have not had a problem mixing families and elderly.

We have partnered with the Texas Agricultural Extension Service to bring nutrition and other programs to residents. Also having the sidewalks fixed to the community room, residents in walkers and scooters will be able to get to programs more easily.

As always, we continue to ensure equal opportunity in housing for applicants to the Bryson Housing Authority.